

September 1, 2002

All Providers

Montana Medicaid Notice

Due to the financial hardship placed on Medicaid clients and the administrative burden placed on healthcare providers, the Department of Public Health and Human Services has made substantial changes in how Medicaid clients receiving Medicaid services participate in their health care costs. These changes affect all health care providers and/or services that require cost sharing.

Montana Medicaid modified the cost sharing requirements for pharmacy services August 1, 2002. A separate notice was mailed to all pharmacies detailing those changes.

Effective September 1, 2002:

- Cost sharing charged to Medicaid clients who have inpatient hospital stays will decrease from \$200 to \$100 per discharge.
- The cost sharing for Medicaid services furnished by health care providers will be modified. The cost sharing will be a set dollar amount per visit. The amount will be \$1, \$2, \$3, \$4 or \$5 per visit based on the average Medicaid allowed amount per visit for that provider type, rounded to the nearest dollar. On the back of this notice is a list showing the amount of cost sharing to be charged by provider type.
- The total cost sharing cap for Medicaid clients receiving Medicaid services (other than pharmacy services) is removed.
- Medicare crossover claims are exempt from cost sharing when Medicaid is the secondary payor. If a service is not covered by Medicare but is covered by Medicaid, cost sharing will be applied.
- Third Party Liability (TPL) services are exempt from cost sharing when Medicaid is the secondary payor. If a service is not covered by TPL but is covered by Medicaid, cost sharing will be applied.

Providers or services that were EXEMPT from cost sharing before September 1, 2002, will continue to be EXEMPT from cost sharing. They include:

- emergency services
- family planning
- home dialysis attendant
- home & community based waiver services
- eyeglasses purchased through a volume purchasing agreement
- hospice
- personal assistance
- non-emergency transportation
- independent laboratory and x-ray services
- early and periodic screening, diagnostic, and treatment services (EPSDT)

Those Medicaid clients who were EXEMPT from cost sharing before September 1, 2002 will continue to be EXEMPT from cost sharing. They are:

- pregnant women (for cost sharing purposes, a pregnant woman is exempt from cost sharing until the end of the postpartum period. The postpartum period begins on the last day of the pregnancy and extends through the end of the month in which the 60 days has passed.)
- nursing home residents
- Medicaid clients under age 21 (formerly Medicaid clients under age 18)

Cost sharing information will be sent to all Medicaid clients with their September 2002 Medicaid cards. Additional information concerning these changes is available to Medicaid clients at their local County Office of Public Assistance.

If you have any questions or require additional information, please call Provider Relations at:

Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958

Cost Sharing Information

Provider Type	Amount
Inpatient Hospital	\$100 Per Discharge
Pharmacy	\$1-\$5 Per Script, \$25 Monthly Cap
Ambulatory Surgery Centers Denturists Durable Medical Equipment Federally Qualified Healthcare Center Freestanding Dialysis Clinics Outpatient Hospital Rural Health Clinic	\$5 Per Visit
Independent Diagnostic Testing Facilities Mid-Level Practitioners Physician Podiatry Psychiatrists	\$4 Per Visit
Dental Home Health Licensed Professional Counselors Psychological Services Social Worker Speech Therapy	\$3 Per Visit
Audiology Hearing Aids Occupational Therapy Opticians Optometric Physical Therapy	\$2 Per Visit
Public Health Clinics	\$1 Per Visit

Attention All Medicaid Clients!!

Important News on your Cost-Sharing Requirements

- Cost sharing is the portion of your health care costs that you must pay.
- Beginning August 1, when you go to the pharmacy, you will be required to pay between \$1 and \$5 for EACH prescription you receive, up to \$25 per month. Once you have paid \$25 you will not be required to pay for any other prescriptions THAT MONTH.
- Beginning September 1, each time you visit a Medicaid provider, you will be expected to pay cost sharing, between \$1 and \$5. This will be true each time you visit any provider for a Medicaid service.
- Beginning September 1, if you have to be admitted to the hospital, you will be required to pay \$100 as your cost sharing for the hospital stay.
- Beginning September 1, children under the age of 21 will NOT have to pay a cost-sharing amount for Medicaid services.
- Beginning September 1, if you are eligible for Medicare and Medicaid or QMB eligible and Medicare covers the services, you will NOT have to pay cost sharing.
- Beginning September 1, if you have other health insurance and the services are covered by your insurance, you will NOT have to pay cost sharing.

All other provisions regarding cost sharing exemptions have not changed. If you have questions about these changes, please contact the MONTANA MEDICAID HELPLINE at 1-800-362-8312.



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